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Box, Emma; Moffat, Mandy

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# “In the beginning, it’s like an anchor” – Staff and students’ experiences of a newly implemented first-year student support programme

Emma Box[1], Mandy Moffat[1]

**Corresponding author:** Miss Emma Box [ebox@dundee.ac.uk](mailto:ebox@dundee.ac.uk)

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## Abstract

Life as a first-year medical student is undoubtedly a huge challenge as the transition from student to doctor begins. For many students, it was found that feelings of anonymity and lack of regular and consistent support from staff compounds the struggles they face during this time. At the University of Dundee, it was proposed that this could be lessened with the introduction of a new personal tutor system for the first-year medical students. This study aims to assess the value of this pilot scheme by exploring the experiences and perceptions of the students and staff involved. Using a qualitative design, data was collected using interviews with staff and students. Thematic analysis of the transcripts provided key themes driving the discussion and conclusion. Overall staff and students were positive about the design of the system itself, as well as their experiences of specific tutor-student interactions. It was clear there was some uncertainty in the expectations of providing pastoral support versus academic support. Many staff raised questions regarding how the system could move forward in future years, and students felt that it should not necessarily be limited to first-years. It is hoped that this research will inform future progress of this support system as well as contribute to the growing literature relating to evaluation of student support programmes.

**Keywords:** Student support; personal tutor; undergraduate medicine; academic support; pastoral support; support programme; evaluation

## Introduction

The transition from school to university can be challenging (Parker *et al.*, 2004). Students entering medical school frequently struggle to adjust to the academic rigours, despite previously achieving top grades throughout high school (Kebaetse *et al.*, 2018). Given the higher prevalence of mental health illness among medical students (Rotenstein *et al.*, 2016), social support through the university is crucial to a successful academic programme (Dyrbye *et al.*, 2010).

At the University of Dundee, it was suggested that students could benefit from increased support for the first year of medical school (Tucker, 2017). Thus, a new personal tutor system specific to first year students was developed and implemented in 2017. The system involved a university staff member being assigned a group of 8-12 students. These groups would meet regularly throughout the year and tutors would meet students individually twice during the academic year. Previously, students were not offered this consistency of engagement with a staff member. It was hoped that this regular contact would reduce the anonymity felt by first-year medical students and support their integration into the medical school community.

By determining the value of this system within the medical school, evaluation of the system can inform future practice and provide recommendations where necessary. This evaluation addresses Kirkpatrick's (1994) first level of evaluation: reaction. Gathering the experiences of students and tutors involved in the personal tutor programme recognises whether participants feel the system is, overall, a beneficial part of the medical school's student support infrastructure.

## Methodology

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A qualitative approach was employed as the aim was to explore the experiences of the tutors and students (Marshall and Rossman, 2006). Data was collected using the interview method – one-to-one interviews with tutors, and group interviews with students (Kvale, 1996). This decision was based on a number of reasons including logistics of organising meetings and the environment created in a group setting versus a one-to-one interview (Marshall and Rossman, 2006). The interview questions followed a semi-structured style (Kvale, 1996) and were guided based on the research objectives and the literature review preceding this research. The questions explored the participants' overall experience of the system, then the general benefits and barriers to the system. The final questions sought recommendations for change and invited any additional comments. Overall, these open questions aim to guide discussion towards a deeper understanding of the personal tutor system and answer the research objectives. Alternative methods such as open-format questionnaires were considered but it was felt that responses may be narrowed by the questions asked (McLeod, 2014).

Staff and first year student participants were recruited through mass email from the medical school office. From a cohort of 16 tutors and 160 students, a total of five tutors and eleven students participated. This recruitment method demonstrates convenience sampling (Farrokhi and Mahmoudi-Hamidabad, 2012) as all respondents who met the research criteria were recruited for the study.

Interviews with groups of students and tutors lasted about 20-30 minutes each and took place in teaching rooms or offices within the medical school. The interviews were audio-recorded, transcribed verbatim, and analysed thematically (Braun and Clarke, 2006) by the main researcher (EB). The analysis was primarily inductive meaning themes were developed from raw data (Boyatzis, 1998) in favour of identifying themes based on theory prior to data collection. Ongoing data analysis and themes were discussed through regular meetings (EB, MM). Continual analysis of the data from the early stages of the process and repeated organisation of codes and themes ensured a thorough and accurate analysis of the data.

Ethical approval for this study was sought from the University of Dundee School of Medicine Research Ethics Committee. There were no determinable risks associated with the study and the committee granted approval in December 2017.

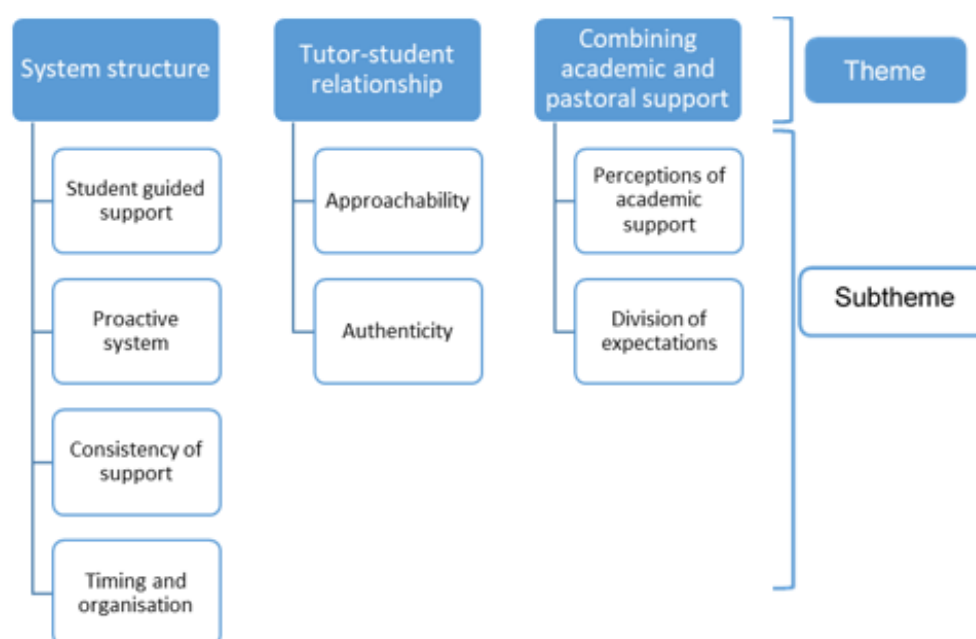
## Results and Discussion

The results and discussion have been combined to allow a more thorough insight into the results and to avoid repetition of the same information.

Of the eleven students who took part, there was a range of backgrounds in terms of previous engagement with university support programmes. One student was repeating the year, thereby providing a direct comparison of the same course with and without the presence of the personal tutor system. A student who had entered the course after completing the university's 'Gateway to Medicine' course recognised the change in support from this previous programme. Another student had completed a previous degree at a different university and was able to compare the support systems provided. The other eight students had entered the course with no prior experience of higher education. The tutors who took part in the study included medical school staff members who are consultants, staff-grade doctors, general practitioners, and non-clinical academic staff.

From the data a total of three overarching themes were identified; system structure, tutor-student relationship, and combining academic and pastoral support. Each of these three main themes were informed by the subthemes (see figure 1).

Figure 1 - Overview of themes and subthemes



### *System structure*

The theme of system structure encompasses the experiences participants had with the elements of the system that were engrained within its initial set-up.

Student guided support was a subtheme reflecting comments on the open and flexible nature of the system.

"It's very much tailored to what we want to talk about like any concerns or sort of problems or part of the course we want to go over, it's very much down to us" – Student 1

This view was largely shared by staff and students. However, one tutor expressed concern regarding an acceptable level of informality and flexibility. This uncertainty reflects Earwaker's (1992) findings that combining informal models of support with more rigid and 'professional' models can be challenging. While students appreciate the

informality, it may be helpful for staff to receive guidance on an appropriate level of informality.

The proactive system subtheme acknowledges the benefit of planned meetings regardless of whether students felt it was necessary.

"If this is already set up it's really easy to just talk about things." – Student 4

A few staff mentioned their own experiences of identifying struggling students and earlier provision of help. Without these planned meetings, staff recognised students may not have actively sought help until their issues had worsened. This theme correlates with the literature recognising the benefit in a proactive system versus a reactive system (Sandars, 2009; Kebaetse *et al.*, 2018). Whilst some studies have suggested proactive systems may be intrusive (Sosabowski *et al.*, 2003; Yale, 2017), this was not a concern raised by any participants in this study. It is possible that, although proactive, the system does not mandate an onerous level of contact between students and tutors.

Consistency of support was a subtheme of concern raised by tutors who worried about potential discrepancy in students' experiences. Staff may have heightened awareness of potential inconsistency of the system as they are comparing it to the previous support systems at the University of Dundee. Malik (2000) confirmed the disparity of a previous system and recognised that perceived success of the system was closely correlated to the frequency of meetings between students and tutors. The students agreed that the tutors were well suited to their role and that consistency in the support provided by their tutors was not an issue. Although not raised by any participants, the researcher noted that there was variability in the length of meetings. One tutor spoke of assigning an hour for each individual meeting, whilst another tutor assigned 10 minute-slots. There was no evidence from the interviews suggesting that these differences were affecting students or tutors but should nonetheless be acknowledged.

The subtheme of timing and organisation recognised the potential challenge in organising the meetings. This did not appear to be a problem, and support was provided by the medical school office in the timetabling for the group meetings. Given that timing is identified as a barrier to the success of a student support programme (Owen, 2002; Schofield, 2008; Stenfors-Hayes *et al.*, 2010), this was an encouraging finding. Although organisation of meetings was unanimously reassuring, there was discrepancy among staff regarding finding the time for the system. Some found the system more time consuming than anticipated whilst one tutor felt it was less time consuming than expected. Without more data on how much time these tutors devoted to the system, it is not possible to determine whether these experiences were due to differing expectations, or actual variation in the time tutors invested in the system. Gaining a clearer picture of the time required for the role would help inform expectations for tutors in future.

#### *Tutor-student relationship*

The theme of tutor-student relationship delved into more specific experiences of interactions between tutors and students.

The approachability of the tutors was a recurring subtheme shared by students and staff. Students unanimously spoke of feeling comfortable seeking help from their tutors.

"I could easily like if I was upset like go and chat to her like. I totally feel comfortable going to see them" – Student 8

Approachability is known to be a key driver in building a positive tutor student relationship (Owen, 2002; Schofield, 2008; Yale, 2017). Identifying this prominent theme in students' experiences is encouraging as it corresponds closely with the literature regarding features of a successful personal tutor system.

Authenticity was another fundamental aspect of the tutor-student relationship. Students valued the genuine interest

their tutors expressed with staff affirming this viewpoint.

"He really did care" – Student 5

"You do feel like you want to know how they're getting on" – Tutor 3

There's extensive evidence suggesting authenticity as a necessary component of a positive tutor-student relationship (Sosabowski *et al.*, 2003; Gardner and Lane, 2010; Stenfors-Hayes *et al.*, 2010; Yale, 2017). Furthermore, students felt more comfortable confiding in their tutors as they detected the tutor's genuine interest in their well-being, thereby linking feelings of authenticity with approachability.

### *Combining academic and pastoral support*

Although staff and students generally shared perceptions of their interactions with each other, there was some disparity when it came to balancing the academic and pastoral support elements of the system.

Perceptions of academic support arose as a subtheme through the discrepancy over the academic element of the personal tutor system. From the student perspective, they recognised the provision of academic support in the form of addressing logistical queries, such as pre-reading or directions to placements, more so than specific academic value. Whilst these are relevant to enhancing learning they do not relate specifically to academic course content. This was reflected in one tutor's comment,

"I don't know [...] how beneficial the academic side of it is. And whether they're kind of engaged with it" – Tutor 1

This could reflect a lack of useful academic content in the sessions, but may simply suggest that the academic support received through the system is not valued as highly as the pastoral support.

In balancing academic and pastoral aspects of the system, division of expectations was a subtheme which arose, particularly among staff. Whilst students valued the pastoral element of the system, it was apparent that staff were not anticipating the pastoral support to be so prominent.

"I probably thought that I'd be dealing with more academic, than pastoral issues [...] most of what I've been trying to help with, has not been academic" – Tutor 3

There is significant overlap between academic and pastoral support as pastoral support, which seeks to support psychological well-being, will consequently improve academic ability (Maslow, 1954). Ross *et al.* (2014) recommends a clear outline of expectations for staff and students within a personal tutor system. There is evident incongruity between staff and student expectations regarding the academic aspect of the system. In future, the balance between provision of academic and pastoral support should be clarified to staff and students.

## **Limitations**

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The main limitation of this study was the small number of participants. Despite extensive efforts to recruit more student participants, eleven students contributed to the data out of a sample pool of 160 first year students. Ideally a greater cross-section of the student population should be accessed but this was beyond the constraints of this project. Every measure was taken to minimise bias throughout the process through critical awareness and ongoing reflection. Regardless, it must be acknowledged that the lead researcher is a University of Dundee student and therefore a possible source of bias as an insider researcher (Asselin, 2003). Unluer (2012) recognised the potential loss of objectivity associated with the insight of an insider researcher. In contrast, it has its strengths of increased empathy towards participants and a more thorough understanding of their experiences (Unluer, 2012).

Acknowledging these limitations and minimising their impact through critical awareness can enhance the credibility of this study.

## Conclusion

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The purpose of this study was to explore the staff and students' perceptions of the newly implemented first year personal tutor system.

Considering the overall framework of the personal tutor system, students and staff valued the student-directed nature of it and saw merit in its proactive approach to support. Although organisation wasn't a problem, some tutors had experienced the system as time consuming. Consistency of the support was evidently better than the previous system, although a few staff members feared this could become an issue. Perceptions of the tutor-student relationships were positive with students and staff focusing on the approachability and authenticity of these interactions. Students appreciated the academic support, especially when tutors were able to link them to wider resources they were not previously aware of. However, students did not view academic support as a main feature of the system, unlike many of the staff who expected this to dominate.

Future research looking more specifically at data such as examination results or drop-out rates could further supplement the evaluation of this personal tutor programme. Quantitative methods could be used to provide a broader view of how other staff and students perceive the system.

Ultimately, this range of experiences from staff and students has helped to build a balanced view of the new personal tutor system. This study provides a platform of research for the future of this system and contributes to the wider literature of evaluation of student support in higher education.

## Take Home Messages

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1. Proactive student support systems provide a beneficial safety net for students as they transition through their first year of medical school.
2. Students place high value in having a named staff member who knows them and can offer support in both academic and pastoral roles.
3. It is important to clarify the purpose of the system and expectations for all tutors and students involved.

## Notes On Contributors

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Emma Box is a medical student at the University of Dundee. She completed this research as part of her intercalated Bachelors degree in Teaching in Medicine.

Dr Moffat joined the University of Dundee in November 2016 as a Lecturer in Postgraduate Medical Education in the Centre for Medical Education.

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## Appendices

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None.

## Declarations

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*The author has declared that there are no conflicts of interest.*

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## Ethics Statement

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Ethical approval for this study was obtained from the University of Dundee School of Medicine Research Ethics Committee. There were no determinable risks associated with the study and the committee granted approval in December 2017. SMED REC 92/17.

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